



Action to be Taken:

- Add Group Terminate Group
 Add Division Terminate Division # of Covered Employees: _____

Group Effective Date: _____

Please select EAP Program Model desired:

- Telephonic EAP - 5 sessions/issue, work-life, and GuidanceResources[®] Online
 Face-to-Face EAP - 5 sessions/issue, work-life, and GuidanceResources[®] Online

Group Information:

Group Name: _____

Division Name: _____

Contact: _____ E-mail: _____

Address: _____

City _____ State _____ ZIP _____

Phone: _____ Fax: _____

Fort Dearborn Life Sales Rep Information:

Rep Name: _____ E-mail: _____

Address: _____

City _____ State _____ ZIP _____

Phone: _____ Fax: _____

Special Instructions: _____

Notes About the Fort Dearborn Life ComPsych[®] EAP Services:

1. ComPsych[®] will bill the policyholder directly for EAP services on an annual basis.
2. Training is available for an additional fee.

Today's Date: _____ Received by ComPsych[®] on: _____